

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.01</u>
SUBJECT: <b>CONSENSUAL RESTRAINT</b>	EFFECTIVE DATE <u>02/15/06</u>
PROPONENT: <u>Robert MacLeod, Administrative Dir.</u> <i>Name/Title</i>	REVIEW DATE <u>06/15/07</u>
<u>Medical/Forensic Services</u> <u>271-3707</u> <i>Office Phone #</i>	SUPERSEDES PPD# <u>6.1</u>
	DATED <u>06/01/01</u>
ISSUING OFFICER:	DIRECTOR'S INITIALS _____
	DATE _____
<u>William Wrenn, Commissioner</u>	APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. **PURPOSE:**

To implement a consensual use of restraints at the Secure Psychiatric Unit. This would be beneficial for selected residents whose behavior in group settings is so violent as to jeopardize the safety of those around them. It would enable these individuals to participate in group activities, promote the development of socialization skills and reincorporate them into the Unit community.

II. **APPLICABILITY:**

To all staff of the **SECURE PSYCHIATRIC UNIT ONLY.**

III. **POLICY:**

It is the policy of the Secure Psychiatric Unit to utilize mechanical methods of restraint during times of group contact under the following criteria/conditions:

- A. The resident must have a documented history of repetitive episodes of physical violence that are unpredictable.
- B. The resident must be capable of social behavior while in restraints.
- C. The resident and/or guardian must sign the resident's treatment plan.

IV. **PROCEDURE:**

- A. There must be a physician or psychiatrist's order on the Doctor's Order Sheet for the consensual use of mechanical restraints during group activities. This order is to be renewed every week.
- B. Specifics of the utilization must be documented on the Treatment Plan and will include:
  - 1. The frequency of application and duration of restraint.
  - 2. The exceptions to implementation.
  - 3. Provisions for the resident's safety while in restraints.
  - 4. Consequences for episodes of verbal (e.g., threatening) or physical (e.g., kicking) acting out while resident is restrained.
  - 5. The frequency of review by the Treatment Team, with a maximum review period of one week.
  - 6. A listing of the alternatives to the application of restraint (i.e., change or addition of

medication to assist in behavior control).

- C. An entry will be made on the intervention sheet for each application of restraints.
- D. An officer must be present in the room with the resident when restraints are being used, and a Special Treatment Form completed for each application of restraint. (See PPD 6.18)
- E. A brief summary note by the nurse on duty regarding the following:
  - 1. The description of episodes of restraint during shift.

#### REFERENCES:

Standards for the Administration of Correctional Agencies  
Second Edition. Standards

Standards for Adult Correctional Institutions  
Fourth Edition Standards

Standards for Adult Community Residential Services  
Fourth Edition. Standards

Standards for Adult Probation and Parole Field Services  
Third Edition. Standards

Other

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